Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **January 16th through 31st**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION F FEDERAL ASSI		Ċ	2. DATE SUBMITT	ED	Ap 1 Identifler	S APPIOVALINO. 0340-0043
1. TYPE OF SUBMISSI			3. DATE RECEIVED	BY STATE	State Application Iden	tifier
Application	Prespolicat					
Construction	Constructi	on	4 DATE RECEIVED I	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Cons	truction	TI BATE RECEIVED I	# , c	, oddidi iddildildi	
5. APPLICATION INFO	RMATION					
Legal Name				Organizational Unit		
The Regents of the	University of Ca	antornia		CE-CERT	a number of the name	on to be contacted on matters
Address (give city, count		(00)		involving this applicat	ion (give area code)	TO DO COMBUDIO ON MINIMEDIA.
University of Californ Office of Research				Administrative Co		echnical Contact
200 University Office				Linda L. Bryant		ennis R. Fitz
Riverside, CA 9252				909-787-5535	9	09-781-5781
6. EMPLOYER IDENTIF	FICATION NUMBE	R (EIN):		7. TYPE OF APPLIC	ANT: (enter appropriat	te letter in box)
			14 12 1	A. State	H. Independent Sci	
9 5 _	_ 6 0 0	6 1	4 2	B. County		Institution of Higher Learning
	LL			C. Municipal	J. Private Universit	
8. TYPE OF APPLICAT	ION:			D. Township	K. Indian Tribe	che l'envien c'es salvant le grade sus colore desemples en establicated con demonstrating communications en envient
Øи	ew Continu	uetion	Revision	E. Interstate	L. Individual M. Profit Organizati	Ion RECEIVED
If Revision, enter approp			7 7	F. Intermunicipal G. Special Distric		
A. Increase Award	niate letter(s) in bu B. Decresse		L Increuse	9. NAME OF FEDER	RAL AGENCY:	B B B E
Duration					l Protection Agency	JAN 3 1 2003
D. Decrease Duration	on Other (speci	fy);	,	Fifth Olivinous		**
10. CATALOG OF FEDERA		6 6	5 0 0	11. DESCRIPTIVE T	ITLE OF APPLICANT'S	PROJECTIE CLEARING HOU
ASSISTANCE NUMBER				THE TARREST	NT ANTE NA	INIMIZATION OF
TITLE: 2003-ST	AR-C1, Measi	ırement,	modeling, and	EVALUATIO		
analysis methodi	s for airbori	ne carb	onaceous fine	ORGANIC A		IPLING ARTIFACTS
particulate matter				USING IMP	ACTORS AN	D QUARTZ FIBER
-				FILTER DEN	UDERS	
12. AREAS AFFECTED	BY PROJECT (d	les counti	es. states, etc.)		-	
IZ. ANENO ALL EUTEL			,,			
All USA						
13. PROPOSED PROJ			IGRESSIONAL DISTR	RICTS OF:	b. Project	
Start Date	Ending Date	a. Applica CA 44	ent		CA 44	
10/1/03 9 16. ESTIMATED FUND	/30/05	L CA 44	18 IS APPLICATION	SUBJECT TO REVIE	W BY STATE EXECUT	TIVE ORDER 12372 PROCESS?
	\$187,030		a YES THIS	PREAPPLICATION/A	PPLICATION WAS MAI	DE AVAILABLE TO THE
J. 1 000101			STA	TE EXECUTIVE ORDE	R 12372 PROCESS FO	OR REVIEW ON:
b. Applicant 9	\$			E 1/30/03	•	
			DAT	= 1/30/03		_
c. State	r					
d. Local 5	D ·		b NO PRO	OGRAM IS NOT COVE	RED BY E.O. 12372	
U. LUUR! 3			_	OGRAM IS NOT COVE		
	B		_			STATE FOR REVIEW
e. Other			_			STATE FOR REVIEW
	5		OR	PROGRAM HAS NOT	BEEN SELECTED BY	
			OR	PROGRAM HAS NOT		
f. Program Income	\$ \$		OR	PROGRAM HAS NOT	BEEN SELECTED BY	
f. Program Income S	\$ \$ \$187,030		OR 17. IS THE APPLIC. Yes If "Y	PROGRAM HAS NOT ANT DELINQUENT OF '98," ettach an exptana	BEEN SELECTED BY NANY FEDERAL DEBT	T?
f. Program Income S	\$ \$ \$187,030	ALL DATA IN	OR 17. IS THE APPLICATION OF TH	PROGRAM HAS NOT	NAMY FEDERAL DEBT	No
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f. Program Income g. TOTAL 18. TO THE BEST UP MY KNO AUTHORIZED BY THE GOVER	\$ 187,030 \$187,030 WILDING AND BELIEF, RINING BODY OF THE AIR POPULATION OF THE AIR POP	tive	OR 17. IS THE APPLICATION PREAPPLICATION FREAPPLICATION WILL CO	PROGRAM HAS NOT ANT DELINQUENT OF OB," extract an explana PLICATION ARE TRUE AND O MPLY WITH THE ATTACHED L. Bryant	NANY FEDERAL DEBT TION. CORRECT THE DOCUMENT HE ASSIST	No AS SEEN DULY TANCE IS AWARDED C. Telephone number (909) 787-5535
f. Program Income g. TOTAL 19. TO THE BEST UP MY KNO AUTHORIZED BY THE GOVES a. Typed Name of Auth	\$ 187,030 \$187,030 WILDING AND BELIEF, RINING BODY OF THE AIR POPULATION OF THE AIR POP	tive	OR 17. IS THE APPLICATION PREAPPLICATION FREAPPLICATION WILL CO	PROGRAM HAS NOT ANT DELINQUENT OF OB," extract an explana PLICATION ARE TRUE AND O MPLY WITH THE ATTACHED L. Bryant	NANY FEDERAL DEBT TION. CORRECT THE DOCUMENT HE ASSIST	No AS SEEN DULY TANCE IS AWARDED C. Telephone number (909) 787-5535
f. Program Income g. TOTAL 19. TO THE BEST UP MY KNO AUTHORIZED BY THE GOVER B. Typed Name of Auth	\$ 187,030 S187,030 SMLEDGE AND BELIEF. RNING BODY OF THE AI FOR THE AI TORIZED Representative Zed Representative	tive	OR 17. IS THE APPLICATION PREAPPLICATION FREAPPLICATION WILL CO	PROGRAM HAS NOT ANT DELINQUENT OF OB," extract an explana PLICATION ARE TRUE AND O MPLY WITH THE ATTACHED L. Bryant	NANY FEDERAL DEBT tion. CORRECT THE DOCUMENT HE ASSIST	No AS SEEN DULY TANCE IS AWARDED C. Telephone number (909) 787-5535

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PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE			NCE	1. TYPE OF SUBMISSION:		
			Non-Construction			
FOR NATIONAL AND COMMUNITY SERVICE (CNCS):		EIVED BY STATE:	•.	STATE APPLICATION IDENTIFIER:		
01/24/03 2b. APPLICATION ID:	4. DATE RECI	EIVED:		GRANT NUMBER:		
03SR027639	01/24/03					
5. APPLICATION INFORMATION				4		
LEGAL NAME: Lifespan Services Network	s, Inc.		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):			
ADDRESS (give street address, city, state and zip code): 1428 Phillips Lane, Ste B-1 San Luis Obispo CA 93401			NAME: George R. Gruner TELEPHONE NUMBER: (805) 544-8740 FAX NUMBER: (805) 544-9146 INTERNET E-MAIL ADDRESS:			
6. EMPLOYER IDENTIFICATION NUMB	BER (EIN):		7. TYPE OF APP			
	МОПАПИПИС		7a. Non-Profit 7b. Community-Based Organization Volunteer Management Organization JAN 3 1 2003			
REVISION If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration				STATE CLEARING HOUS		
D. Decrease Duration			9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service			
10a. CATALOG OF FEDERAL DOMEST 10b. TITLE: Retired and Senior Volunte 12. AREAS AFFECTED BY PROJECT (San Luis Obispo County, northern Sant	er Program List Cities, Counties, St		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lifespan RSVP of the Central Coast			
13. PROPOSED PROJECT: START DAT	TE: 04/01/03 ENC	D DATE: 03/31/06	14. PERFORMANCE PERIOD: START DATE: END DATE:			
15. ESTIMATED FUNDING:			16. IS APPLICAT	TION SUBJECT TO REVIEW BY STATE EXECUTIVE		
a. FEDERAL	\$ 107,826.0	0	ORDER 12372 P			
5. APPLICANT	\$ 64,264.0	0	X YES, THIS F	PREAPPLICATION/APPLICATION WAS MADE AVAILABLE IE STATE EXECUTIVE ORDER 12372 PROCESS FOR		
c. STATE	\$ 0.0	10		EW ON: : 15-JAN-03		
d. LOCAL	\$ 60,264.0	0				
e. OTHER	\$ 4,000.0	Approximate an annual source of the second second second second second				
	\$ 0.0	in	17. IS THE APPL	LICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. PROGRAM INCOME g. TOTAL	\$ 172,090.0			ES if "Yes," attach an explanation. \overline{X} NO		
18. TO THE BEST OF MY KNOWLEDGE	E AND BELIEF, ALL DA	TA IN THIS APPLICA	TION/PREAPPLICA' APPLICANT WILL C	TION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE		
a. TYPED NAME OF AUTHORIZED RE	PRESENTATIVE:	b. TITLE:		c. TELEPHONE NUMBER:		
Evan Mendelson	100 older 1 to 2 to 100 older 100 ol	Executive Directo	or	805-782-0844		
				d. DATE: 01/24/03		

Standard Form 424

APPLICATION FOR	1			OME Approval No. 0348-0043
FEDERAL ASSISTA	ANCE	2. DATE BUBMITTED		Applicant Identifier
4 TOPE OF OUR HOALOW	<u></u>			and the distriction of the state of the stat
1. TYPE OF SUBMISSION: Application	Drannskaallaa	3. DATE RECEIVED B	Y STATE	State Application Identifier
Construction	Preapplication Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	/ Faderal Identifier
Non-Construction	Non-Construction	20112140214202	I I EDENIAL MACHA	
6. APPLICANT INFORMATION	<u> </u>			
Legal Name:	an Managit A	uthority	Organizational Unit:	
Antelope Vall Address (give city, county, Stat			R Fall	number of person to be contacted on matters involving
1	lint w		this application (give	
1031 West Ave				
	11111	.IAN 3 0 2003		nningham 5-2616 Ext. 209
6. EMPLOYER IDENTIFICATION		,	7. TYPE OF APPLIC	CANT: (enter appropriate letter in box)
95-437	7119		1.4.000	H. Independent School Dist
8. TYPE OF APPLICATION:	STAT	F.C.I FARING	A State	I. State Controlled Institution of Higher Learning
□ Ne	w Continuation	Revision	C. Municipal	J. Private University
		. CJ	D. Township	K. Indian Tribe
il Revision, enter appropriate le	(e) in pox(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization
A. Increase Award B. De	crease Award C. Incmase	Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other	(specify):			
			9. NAME OF FEDER	ALAGENCY: artment of Transportation
			Federal '	Transit Administration
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	MBER:	I .	ITLE OF APPLICANT'S PROJECT:
			Construct	ron and equipping of
Federal Trans	it and Loans	प्रका (कार्काका	an Mary	tron and equipping of tenance and
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, Stat	lea elc.i:	Open to	ons facility
12 AREAS AFFECTED BY PRANTE LOPE Valle	y portion of	northern	Operation	sh's tactify
Los Angeles Co			<u> </u>	
13. PROPOSEO PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project 25	
7-1-2001 6-30-2004	25		25	
15. ESTIMATED FUNDING;			16, 19 APPLICATION ORDER 12372 PI	SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal	195,0	1-5.8	O(IDEN 1207217	
h A			1	APPLICATION/APPLICATION WAS MADE
b. Applicant	 \$, oo	1	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
a. State	1	360	PHOCEOG	FOR REVIEW CIV.
			DATE	
d. Local	123,7	7/0/0		
e. Other	\$	- M		AM IS NOT COVERED BY E. O. 12372 BRAM HAS NOT BEEN SELECTED BY STATE
		• :	FOR REV	
I. Program Income	\$,60		
a TOTH			17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	618,8	·31.**	Yes If "Yes,"	attach an explanation.
18. TO THE BEST OF MY KNOW	•		AYION/PREADDI ICAT	ION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GOV	ERNING BODY OF THE	APPLICANT AND TH	HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF T	THE ASSISTANCE IS AWAR	DED.		
a. Type Name of Authorized Repr William Bud101		Executive I	Director	c. Telephone Number 661-726-2616 Ext 203
d. Signature of Authorized Repres				a Date Signed
The state of the	8			1/30/03
Previous Edition Usable (Authorized for Local Reproduction				Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102
				1 100011000 Dy Oldio Olli Odio

APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier	
FEDERAL ASSISTA	NCE	Jan. 29, 20	ากง		
		3. DATE RECEIVED B		State Application Ident	ifier
I. TYPE OF SUBMISSION:		3. DATE RECLIVED			
<u>Application</u>	Preapplication Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
Construction	Non-Construction				
Non-Construction	[] Non-Construction				
APPLICANT INFORMATION Legal Name: The Met	ropolitan Water	District of	Organizational Unit:		em. Operations/
Souther	n California		Water Quali	number of person to be	contacted on matters involving
Address (give city, county, State	, and zip code):			ree code)	1
P.O. Box 54153			Ing Sun Lian	o-(909)392-52	73-Project Mgr:
Los Angeles, CA 9	0054-0153	• •	II.von Kelemen	-(909)392-539	6-Admin: Matters
S. EMPLOYER IDENTIFICATIO			7. TYPE OF APPLIC	ANT: (enter appropriate	. G
	0 7 1			H. Independent Scho	ol Dist.
95 - 6002	101/17		A. State B. County	I. State Controlled Ins	stitution of Higher Learning
8. TYPE OF APPLICATION:			C. Municipal	J. Private University	
▼ Ne	w Continuation	☐ Revision	D. Township	K. Indian Tribe	
	-		E. Interstate	L. Individual M. Profit Organization	,
If Revision, enter appropriate le	*		F. Intermunicipal	M. Profit Organization N. Other (Specify)	
A. Increase Award B. De	crease Award .C. Increa	se Duration	G. Special District	M. Other (openit)	
D. Decrease Duration Other			9. NAME OF FEDER	AL AGENCY:	
				tal Protectio	n Agency
•					
			11. DESCRIPTIVE	TITLE OF APPLICANT	S PROJECT:
10. CATALOG OF FEDERAL D	DOMESTIC ASSISTANCE	NUMBER:		on Research	and Innovation .
Surveys, Studies	Investigations,	66 - 606	Partnershi	Lp" - EPA III	PARTY CERCIT ACC. AND ADDRESS IN THE COMMENTS
and Special Purpo			- Tarthersh.	-P	RECEIVED
TITLE: 12. AREAS AFFECTED BY PF	ROJECT (Cities, Counties, S	States, etc.):			27.30
				•	IAN 3 0 2003
California		DICTRICTS OF:			2000
13. PROPOSED PROJECT	14. CONGRESSIONAL	r, 28th Congre	ssional Distr	ict, CA	CTATE OF SADING HOL
Start Date Ending Date	a. Applicant		b. Project Same		STATE CLEARING HOL
Start Date Ending Date TBD TBD	Same	•	baille	N CUR IECT TO REV	EW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			16. IS APPLICATION	DDOCESSS	
15. ESTIMATED TOTAL			ORDER 12372		
a. Federal	\$		a YES, THIS PE	REAPPLICATION/APPL	ICATION WAS MADE
	470,500	90	AVAILA	BLE TO THE STATE E	XECUTIVE ORDER 12372
b. Applicant	\$ 230,765	•	PROCE	SS FOR REVIEW ON:	•
	s	.00			
c. State			DATE .	Mailed 1/29/2(, 10 3
d. Local	\$, .00	h No FI PRO	SRAM IS NOT COVER	ED BY E. O. 12372
u, Loom			D. NO. LI FROM	ROGRAM HAS NOT BE	EN SELECTED BY STATE
e. Other	\$ 165,201	. •	FOR	REVIEW	
		00			
f. Program income	\$	• .	17. IS THE APPL	CANT DELINQUENT	ON ANY FEDERAL DEBT?
		.00		s," attach an explana	
g. TOTAL	\$ 866,466	· ·	U :es " "		ND CORRECT, THE
18. TO THE BEST OF MY KN	OWLEDGE AND BELIEF,	ALL DATA IN THIS AP	PLICATION/PREAPPL	CATION ARE THUE A	ILL COMPLY WITH THE
I DOCUMENT HAS REEN DU	LY AUTHORIZED OF THE		F THE APPLICANT AN	U INE AFFEIGANT II	
ATTACHED ASSURANCES	IF THE ASSISTANCE TO	WARDED.	Quality Sect	can ic. Telephone Nun	nper
a Type Name of Authorized F	Representative	b. Hue Water	Quality Secti	(213) 217	7-5696
Mic Stewart, Ph.	D. /	Manag	C L	e. Date Signed	//2
d. Signature of Authorized Re	presentative		APPR	- FORM //	17/0 S
	7/10		Jeffre:	Standa	ard Form 424 (Rev. 7-97) ibed by OMB Circular A-102
Previous Edition Usable	ction	•	0		lucu by Cilia Cilotia 7
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APPLICATION FOR				
FEDERAL ASSISTANCE 2. I		December 20, 2002		Applicant Identifier 68-0379044
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication			
Construction	✓ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION			Organizational Unit:	
Legal Name: Near & Arnold's Sch	ool of Performing A	Arts & Cultural Ed		
Address (give city, county, State	, and zip code):		1	number of person to be contacted on matters involving
145 East Church Stro Ukiah, CA 95482	eet		this application (give a Mary Rowlan	d, Bookkeeper (707)485-8385
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN)		7. TYPE OF APPLIC	ANT: (enter appropriate letter in box)
68 - 0379			A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of Higher Learning
✓ Ne	w Continuation	Revision	C. Municipal	J. Private University
Z Ne	w		D. Township	K. Indian Tribe
If Revision, enter appropriate le	tter(s) in box(es)		E. Interstate	L. Individual
, A	crease Award C. Increas	e Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify) Non-Profit Org
7	crease Award C. Increas (specify):	e Durauon	G. Special District	N. Other (Specify) 14011 1 Tont Org
D. Decrease Dataion Other	(ареспу).		9. NAME OF FEDER	AL AGENCY:
			U.S. Departmen	nt of Agriculture Rural Development
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE T	ITLE OF APPLICANT'S PROJECT:
		10-766	Purchase Existing	ng Facility at 145 East Church Street,
TITLE Community	Espilition Departure		Ukiah, CA.	,
12. AREAS AFFECTED BY PR	Facilities Program	tates etc.)	-	
	toucs, countes, or	21.05, 6.0.7.		
City of Ukiah				
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	
3/1/03 6/30/03	CA - 1st DIS	T (St Helena)		CA - 1st DIST (St Helena)
15. ESTIMATED FUNDING:			!	N SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal	T\$	00	ORDER 12372 P	PROCESS?
a. rederal	Ψ	350,000	a. YES. THIS PRE	EAPPLICATION/APPLICATION WAS MADE
b. Applicant	\$,00		LE TO THE STATE EXECUTIVE ORDER 12372
		00	PROCES	S FOR REVIEW ON:
c. State	\$		DATE	12/20/02
d. Local	\$.00		
o Othor	\$	00		RAM IS NOT COVERED BY E. O. 12372
e. Other	•	•	FOR RE	OGRAM HAS NOT BEEN SELECTED BY STATE EVIEW
f. Program Income	\$.00		
g. TOTAL	\$	00		ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	4	350,000	Yes If "Yes,"	" attach an explanation.
1	Y AUTHORIZED BY THE G	OVERNING BODY OF THE		ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized R. Laurel Near	epresentative	b. Title	roetor	c. Telephone Number (707) 462-9370
d. Signature of Authorized Reg	resentative	(Co) Executive Dir	- TOTAL	e: Date Signed / /
	rea_			1/27/03
Prévieus Edition Usable Authorized for Local Reproduc	tion		N 2 9 2003 EARING HOU	Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

		2. DATE SUBMITTED		Applica. antifler	
APPLICATION			-28-03		
FEDERAL AS	SISTANCE	a Name December :	OV CTATE	State Application Identifier	
1. TYPE OF SUBMISSION: Application Construction	Preapplication Construction	3. DATE RECEIVED E			
Non-Construction	☐ Non-Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFOR	MATION				
Legal Name: City of Porterville	n E G E I V	7 []	Organizational Unit		
-			Name and relephor	ne number of the person to be contra	cled on matters involving
Address (give city, county, City of Porterville 40 West Cleveland Tulare County California 93257	IIIII .IAN 2 9 20	003	this application (giv	e erea code) ton, Airport Manager	
EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		7. TYPE OF APPL	ICANT: (enter appropriate letter in I	box) C
		2 8	A. State B. County C. Municipal D. Township E. Interstate	H. Interdependent School I. State Controlled Institu J. Private University K. Indian Tribe L. Individual	ol District Ulian af Higher Leaming
B. TIPE OF AFFEICKING	New Continuation	Revision	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)	
If Revision, enter appropri	ate letter(s) in box(es):				
A Increase Award	B Decrease Award C Increase	Duration			
D Decrease Duration	Other (spacify)		9. NAME OF FED Federal Avia	ERAL AGENCY tion Administration	
10. CATALOG OF FEDERAL ASSISTANCE NUMBER TITLE:	DOMESTIC 2 0 . 1	0 6	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: General Aviation Entitlement Funds to fund Phase II of Airport Master Plan Update		
12. AREAS AFFECTED City of Porterville Tulare	BY PROJECT (cities, counties, states, atc and surrounding areas in the	c.): County of			
li .	CT 14. CONGRESSIONAL DISTR	RICTS OF			
Start Date Ending 2-1-3 12-3	3 Date a. Applicant 61-3 Devin Nunes			b. Project Devin Nunes	
15, ESTIMATED FUNDI		16. IS APPLICATION	N SUBJECT TO RE	VIEW BY STATE EXECUTIVE ORD IN/APPLICATION WAS MADE AVA	ER 12372 PROCESS?
a. Federal	\$ 95,000 .00	a. YES, THI STA	2 PREAPPLICATION	RDER 12372 PROCESS FOR REVIE	EW ON
b. Applicant	\$ 9,000 .00				
c. State	\$ -000	DA ⁻	Januar	y 28, 2003	
d. Local	\$.00	b. NO	•	OT COVERED BY E. O. 12372	and the second s
c. Other	3 .00		-	HAS NOT BEEN SELECTED BY STA	ATE FOR REVIEW
f. Program income				ON ANY FEDERAL DEBT?	⊠
g. TOTAL	\$ 104,000 .00		es, attach an expl		No
AUTHORIZED BY THE	 MY KNOWLEDGE AND BELIEF, ALL DA' GOVERNING BODY OF THE APPLICAN	TA IN THIS APPLICATION THE APPLICA	ATION ARE TRUE A ANT WILL COMPLY 		
a. Typed Name of Author	ofized Representative b. Title	Manager, City	of Porterville		c. Telephone number (559) 782-7526
S. Frank Guyton d. Signature of Authoriz		wanager, City	OI LOI ICI AUIC		e. Date Signed
1 OF	1 41	-			1-28-03
Previous Editions Not U		,		S Pre	Standard Form 424 (REV 4-88)

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						$+\Box$	CMB Approval No. 0348-0043
APPLICATIO	N FOR	1	DATE SUBMITTED		Applicant Identifier	n _	
FEDERAL AS		:E	January 29, 2	2003		11,5/[AND THE STREET AND ADDRESS OF THE STREET AND
1. TYPE OF SUBMISS			DATE RECEIVED BY	Y STATE	State Applicant Identifie	r III II	
Application	l l	plication					JAN 28 2003
Construction	· ·	·	DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier		
Non-Construction		on-Construction					
S. APPLICANT INFORMAT		PROPOSAL BEING SURM	TTED TO ANOTHER	FEDERAL AGENCY?	J Jyes (X)no if yes. Libi	T ACRONYA	RECIEADING HOL
Logal Namo:	CON IDINID	- MALAGAM BEIME GODING	ITTER IS ANOTHER	Omenizational Unit:	J. L. C.	7777	TL VLLMAHNU AU
Regents of th	e Universi	ty of California	3	Center for I	Health and the I		
Address (give city, could Office of the Vice	Chancellor fo			this application (give			gnivlovni srettem no batosunco ec
University of Calif					.,		-
Sponsored Progra One Shields Avenu	•			ADMIN. CONT	'ACT:		
6. EMPLOYER IDENTIFIC	ATION NUMBER (E	in):		7. TYPE OF APPLICA	NT: (anter approprieta fettar	in box)	
9	4 - 6	0 3 6 4	9 4	A. Stata 6. County	H. Independen I. State Contr		at. Jon of Higher Leaming
B. TYPE OF APPLICAT	TION:			C. Municipal	J. Private Univ		
	Ε-1 Ν Ι •····	Carlles-offer 5	7 Gauleion	D. Township	K. Indien Tribe L. Individual	•	
	X) Now	☐ Continuation [☐ Rovision	E. Interstete F. Intermunicip		rization	
If Ravision, enter appro	niete lattar(s) la	opx(es):		G. Special Distr			
A, Increase Award		-	agse Duration				
D. Oecrese Durallo			 -	9. NAME OF FEDERA	L AGENCY:		
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				u.s. 6	invironmental Protect	ion Agent	y - ORD - NCER
10. CATALOG OF FEGER		6 6 .	5 0 9	11. DESCRIPTIVE TIT	LE of applicant's proje	CT:	
TITLE: 2003-STA	R = 04						
	В			Using a Sensitive	e Japanese Medaka (O	ryzlas latip	pes)
12. AREAS AFFECTED 6	Y PROJECT (cilies	, counties, states, etc.):		Fish Model for E	ndocrine Disruptors Sci	reening	
Global							
		T	MIOTRICE C	<u> </u>			
13, PROPOSED PROJEC		14. CONGREGAIONAL	DISTRICTS OF:		h Denie-t		
Start Dalo	Ending Oals	a. Applicant			b. Project		
10/1/03 9	730/06	California - 1st	District		California - 1st	tainteid	
15 ESTIMATED TOTAL P	PO JECT FILLOUNA	<u> </u>	18. (N APP) ICATI	ON SUBJECT TO REVIEW	W BY STATE EXECUTIVE OR	DER 12372 F	ROCE867
a. Fadelal	T		4		VAPPLICATION WAS MAD		
auuotoi	⁸ 148,90	.00	91	TATE EXECUTIVE OR	DER 12372 PROCESS FO	OR REVIEW	ION:
b. Applicant	5	.00	1				
and the same	,	.00	DA*	TE	1/28/03		
c. State	s	QD.	1				
			6. NO. 🗆	PROGRAM IS NOT C	OVERED BY 6.0. 12372		
d. Local	\$.00	1				
				OR PROGRAM HAS I	not been selected b	Y STATE FO	OR REVIEW
e. Other	5	.00.					
					_		
f. Program Income	\$.00.	17. 19 THE APPLI	CANT DELINQUENT ON	ANY FEDERAL DEBT?		
				in all a second		[mg]	
g. TOTAL	148,90	5 .00	☐ Yes	if 'Yea," strach en e	xpianation.	□ No	
48 TO THE BEST OF MY	WNOWN BOCK AND	DELIPP ALL BATA IL D	HIS ABPLICATION OF	REASPLICATION ARE TO	RUE AND CORRECT. THE DO	CUMENT HA	AS BEEN OULY
AUTHORIZED AV THE GO	THEINIZEDGE AND DVERNING BDOY O	P THE APPLICANT AND T	HE APPLICANT WIL	L COMPLY WITH THE AT	TACHED ASSURANCES IP T	HE ASSISTA	NCE IS AWARDED.
a. Typed Name of Aut				n This Hene	H. Domino	1	c. Telephone number
				Contra	cts and Grants A	nalyst	(530) 752-2075
d. Signature of Authori	zed Represenzad	·	•	. ———			e. Opta Signed
	<u> </u>	ne Don	west!				IAN 2 4 2003
	14	IN AVBI	W/U)				7FN & 1
Praylous Editions Not	Uagbie	-,					Standard Form 424 (REV A-88)

APPLICA	ATION FOR				OMB Approval No. 0348-0
	L ASSISTA	NCE	2. DATE SUBMITTED December	r 16, 2002	Αμ _{ετι} cant Identifier
Application Constru	uction	Preapplication Construction	3. DATE RECEIVED BY 4. DATE RECEIVED BY		State Application Identifier Federal Identifier
XX Non-Co	nstruction T INFORMATION	Non-Construction			- Castal Identifier
Legal Name:	THE OTHER TON			Organizational Unit:	
West	Almanor	Community Serv	ices Distric	t	Fire Department
Address (give 947	<i>city, county, State</i> Long Iron	, and zip code):		Name and telephone this application (give a	number of person to be contacted on matters invol area code)
			96020		Reno (530) 259-5112
9 4	-6000	N NUMBER (EIN): 5 2 8		7. TYPE OF APPLICA A. State	ANT: (enter appropriate letter in box) H. Independent School Dist.
8. TYPE OF A	PPLICATION:			B. County	State Controlled Institution of Higher Learning
	x⊠ Nev		Revision	C. Municipal	J. Private University
If Revision, ent	ter appropriate lett	er(s) in box(es)		D. Township E. Interstate	K. Indian Tribe L. Individual
				F. Intermunicipal	M. Profit Organization
A. Increase A. D. Decrease	Award B. Dec Duration Other(rease Award C. Increase specify):	Duration 2003	G. Special District	N. Other (Specify)
		- mayorine this relation of the state of the		9. NAME OF FEDERA	AL AGENCY:
			ARING HOUSE	USDA R	Rural Development
10. CATALOG	OF FEDERAL DO	OMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:
			10 7 6 6	HSDA Bural	Dovolopment Fine & Dev
TITLE	Rural De	evelopment/Fire	ail Poggue Ta	Loan to	Development Fire & Rescuassist in the purchase
12. AREAS AF	FECTED BY PRO	OJECT (Cities, Counties, State	es, etc.):	and repl	acement for an Inital escueFire Apparatus for
West S	hore Lake	Almanor, Ches	ster, Plumas	West Alm	anor CSD
13. PROPOSE	D PROJECT	14. CONGRESSIONAL DIS			
Start Date	Ending Date	a. Applicant		b. Project	
2/1/03	2/1/13	Distr	1	·	District 4
15. ESTIMATE	D FUNDING:			·	SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal		\$.00		
o. Applicant		193 , 72	2 00		PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372
		50,00	0		FOR REVIEW ON:
c. State		\$.00		
d. Local	***************************************	\$.00		A 10 NOT CONTENT DAY 5 A 1 A 1
e. Other		\$.00		M IS NOT COVERED BY E. O. 12372 RAM HAS NOT BEEN SELECTED BY STATE
. Program Inco	me	\$.00		
j. TOTAL		\$	- 00		T DELINQUENT ON ANY FEDERAL DEBT?
18. TO THE BE	ST OF MY KNOW	243,72 /LEDGE AND BELIFE, ALL	2		rtach an explanation. ON ARE TRUE AND CORRECT, THE
ATTACHED A	SSURANCES IF T	THE ASSISTANCE IS AWAR	ERNING BODY OF THE	APPLICANT AND THE	ON ARE TRUE AND CORRECT, THE E APPLICANT WILL COMPLY WITH THE
a. Type Name c	of Authorized Repr	esentative b	o. Title	lo	c. Telephone Number
1. Signature of <i>i</i>	Mark Reno Authorized Repres	sentative	Chief		(530) 259-5112
Previous Edition	Hooble	(in)			1/3/03

APPLICATION FOR				OMB A	pproval No. 9348-004
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED)	Applicant Identifier	[5 n]
				III/	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	BY STATE	State Application Identifier	o
Application Construction	Preapplication Construction	4 DATE BECENED	BY FEDERAL AGENCY	Federal Identifier	3 1 1 1 1 1 1 1
Non-Construction	Non-Construction	4. DATE RECEIVED	BY FEDERAL AGENC	Legistat ideditites	
5. APPLICANT INFORMATION				STATE CLEARING	HOUGE
	lic Utility [)istríct	Maxwell Pt	ublic Utility Di	istrict
Address (give city, county. State, P.O. Box 29			Name and telephone this application (give	number of person to be contact	ed on matters involvir
	lusa, Ca. 959	955		arren (530)438-2	2505
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLIC	ANT: (enter appropriate letter in	box)
94-6000	8 9 0		A 61-4-	II Indonesia Cabaal Dial	G
8. TYPE OF APPLICATION:			A. State B. County	H. Independent School Dist. I. State Controlled Institution of	of Higher Learning
New	✓ ☐ Continuation	Revision	C. Municipal	J. Private University	· ·
New C	/ Continuation	- 1/04/9/01	D. Township	K. Indlan Tribe	
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increas	e Duration	G. Special District	•	
D. Decrease Duration Other(specify):				
			9. NAME OF FEDER	RAL AGENCY:	
			USDA Rura	il Development	
10. CATALOG OF FEDERAL DO	AMERTIC ARRIGHANCE N	IIMBED.		TLE OF APPLICANT'S PROJE	CT:
IU. CATALOG OF FEDERAL D	OMESTIC ACOISTANCE I	10-760	¬		
		<u> </u>	Mastewate	er Treatment Imp) TO Veille II CS
TITLE: Wastewa 12. AREAS AFFECTED BY PRO	ter	ator ole l:			
Maxwell, Calif	. County of (Colusa			
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:		·	
wastewater treatment Start Date Ending Date	# 2 a. Applicant		b. Project		
3/2094 14/2007	Maxwell Public Ut	ility Dictrict	1 '	r Treatment Imn	rovamants
15. ESTIMATED FUNDING:	MONNELL FUDIC OF	TITY DISCITAL	Wastewater Treatment Improvements 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE		
			ORDER 12372 P	ROCESS?	
a. Federal	^{\$} 153,128	.00	- VES THIS PRE	EAPPLICATION/APPLICATION V	WAS MADE
b. Applicant	\$.00		LE TO THE STATE EXECUTIVE	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	846,872		PROCESS	S FOR REVIEW ON:	
c. State	\$	60	DATE		
d. Local	\$	060	DATE		
d. Local		•		RAM IS NOT COVERED BY E. O	
e. Other	\$, tod	I	OGRAM HAS NOT BEEN SELEC	TED BY STATE
		00	FOR RE	IVIEW	
f. Program Income	\$	•	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEI	DERAL DEBT?
g. TOTAL	\$ 1.9 milli			attach an explanation.	ÐNo
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AI	L DATA IN THIS APPL	ICATION/PREAPPLICA	ATION ARE TRUE AND CORRE	CT, THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF			HE APPLICANT AND 1	THE APPLICANT WILL COMPL	t vallu (UE
a. Type Name of Authorized Rap		b. Title		c. Telephone Number	
Dan Danley		Board Me	mber	(530)438-2505	
d. Signature of Authorized Repre	sentative	1. 0.		e. Date Signed	
	- Alan s	Variley		1/27/03 Slandard Form 424	(Pay 7-97)

Previous Edition Usable

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102 Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program

Page 1 of 2



Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program 2003-X0738-CA-WE



Application

Award

Reporting

Payments

Correspondence

Switch to ...

Review SF-424 Print	а Сору			
Application Handbook	APPLICATION FOR	2. DATE SUBMITTED	Applicant Identifier	
<u>Overview</u>	FEDERAL ASSISTANCE	January 27, 2003		
	1. TYPE OF SUBMISSION	3. DATE RECEIVED BY STATE	State Application Identifier	
<u>Applicant</u> Information	Application Non-Construction			
FILL OF LITTER ST.		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Project Information				
Budget and	5.APPLICANT INFORMATION			
<u>Program</u> <u>Attachments</u>	Legal Name		Organizational Unit	
Assurances and	City of San Diego		dity	
Certifications	Address LL		Name and telephone number of the person to be contacted on matters involving this	
Review SF 424	202 C Street San Diego , California 92101-3860		application	
Submit Application	92101-3860		Strack, Gael (619) 533-6010	
	6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN)	7. TYPE OF APPLICANT	
Help/Frequently	95-6000776			
Asked Questions	8. TYPE OF APPLICATION		9. NAME OF FEDERAL AGENCY	
GMS Home	New		Violence Against Women Office	
Log Off	10. CATALOG OF FEDERAL D		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	
	NUMBER: 16.590 CFDA TITLE: GRANTS TO ENCO	DURAGE ARREST POLICIES	"Grant to Encourage Arrest Policies" Office of Justice Programs Violence Against Women Office	
	12. AREAS AFFECTED BY PRO	DJECT		
	City of San Diego			
	13. PROPOSED PROJECT		14. CONGRESSIONAL	
	,	01, 2 003	DISTRICTS OF	
	End Date: June	30, 2005	a. Applicant b. Project CA49 CA50	
	15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT	
	Federal	\$500,000	TO REVIEW BY STATE EXECUTIVE ORDER 12372	
	Applicant	\$O	PROCESS?	
			1	

Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program

Page 2 of 2

State	\$0	This preapplication/application
Local	\$0	was made available to the state executive order 12372 process
Other	\$0	for review on
Program Income	\$ 0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
TOTAL	\$500,000	PEDERAL DEBTI
		N

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.

Continue

OMB Approval No. 0348-0043

APPLICATION F FEDERAL ASSIS		2. DATE SUBMITTED 01/21/2003		Applicant Identifier	Sind Application to to to to to
1. TYPE OF SUBMISSION: Application Construction	Preapplication Construction	3. DATE RECEIVED E		State Application Identifier	
✓ Non-Construction	Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: YMCA of San Diego Co	ounty		Organizational Unit: YMCA Youth 8	Family Services	
Address (give city, county, state	, and zip code):			number of the person to be contact	cted on matters involving this
4715 Viewridge Avenue San Diego CA 92123	e, Suite 100		application (give area	ari (619) 543-9580	
6. EMPLOYER IDENTIFICATIO			7. TYPE OF APPLIC	ANT: (enter appropriate letter in b	[N]
8. TYPE OF APPLICATION:	New Continuati	on Revision	B. County C. Municipal D. Township	•	Institution of Higher Learning
If Revision, enter appropriate let		Lancasa Direction	E. Interstate F. Intermunicipa	L. Individual M. Profit Organization	
1	Decrease Award C. her (specify):	Increase Duration	G. Special Distri		Non-Profit Organization
			9. NAME OF FEDER		
10. CATALOG OF FEDERAL D ASSISTANCE NUMBER:	0 3		Girls YMCA Re	TITLE OF APPLICANT'S PROJECT Pading & Literacy Service thership with the San Die	(GYRLS) Violence
			Touth violence	•	
12. AREAS AFFECTED BY PR San Diego County, Cal		ies, <i>6</i> 10./.			
13. PROPOSED PROJECT:	14. CONGRES	SIONAL DISTRICTS OF			
Start Date Endin	g Date a. Applicant			b. Project	
07/01/2003 06/30	/2005 49			48, 49, 50, 51, 52	
15. ESTIMATED FUNDING:		16. IS APPLICA	TION SUBJECT TO R	EVIEW BY STATE EXECUTIVE OF	RDER 12372 PROCESS?
a. Federal \$	200,0	a. YES. TO ORDER	HIS PREAPPLICATION R 12372 PROCESS FO	I/APPLICATION WAS MADE AVAII R REVIEW ON:	LABLE TO THE STATE EXECUTIVE
b. Applicant \$		0.00 DATE	01/21/2003		
c. State \$			PROGRAM IS NOT	COVERED BY E.O. 12372	
d. Local \$		000.00	OR PROGRAM HAS	NOT BEEN SELECTED STATE FO	DR REVIEW
e. Other \$	26,	599.00			
f. Program Income \$		YES	If "Yes," attach an exp	ON ANY FEDERAL DEBT?	₽ No
g. TOTAL \$		599.00			
AUTHORIZED BY THE GOVERN	ING BODY OF THE APPLIC		T WILL COMPLY WITH	ARE TRUE AND CORRECT, THE E THE ATTACHED ASSURANCES II	F THE ASSISTANCE IS AWARDED. c. Telephone number
a. Typed Name of Authorized	a representative		b. Title	=0	(858) 292-4034
Richard A. Collato	longeont tive a		President & Cl		e. Date Signed
d. Signature of Authorized R	14. Wht	garan) E G E		01/21/2003
Previous Editions Not Usable Authorized for Local Reproduct	tion	the state of the s	3		Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

	AHONFO		2. DATE SUBMITTED			Applicant Identifier
FEDER	AL ASSIS	STANCE	January 21, 2003	3		
1. TYPE OF S	SUBMISSION		3. DATE RECEIVED BY STAT	E		State Application Identifier
Application]	Preapplication		-		State Application Identifier
□ □ Cons	struction	□ □ Construction				
 □∷X⊡ Non-Coi I	nstruction	□ □ Non-Construction	4. DATE RECEIVED BY FEDE	RAL AGENCY		Federal Identifier
5. APPLICAN	IT INFORMATION	4	<u> </u>			
Legal Name:				Organizational Unit		
		rtunities Commission		Same		•
Address (give	city, county, state	e, and zip code)		Name and telephone r involving this application		son to be contacted on matters e)
Fresno, CA				Lucianna Ventresca, S Phone - (559) 498-85- Fax - (559) 498-8519		
6. EMPLOYE	R IDENTIFICATION	ON NUMBER (EIN)		7. TYPE OF APPLICA	ATION: (enter app	propriate letter in box) N
94 - 16065 ²	19			A. State		ent School Dist.
8. TYPE OF A	PPLICATION:			B. County C. Municipal	I. State Con J. Private U	trolled Institution of Higher Learning
				D. Township	K. Indian Tri	
X New	Continuation	Revision		E. Interstate	L. Individual	
100		# / A * - 1 / - A		F. Intermunicipal	M. Profit Or	
A. Increase	ter appropriate let		C. Increase Duration	G. Special District	N. Other (Sp	pecify) Private non-profit
		ther (specify);	C. Increase Duration	9. NAME OF FEDERA	AL AGENCY:	
		(-1,),			IL MOLITOT.	
				SAMHSA - CMHS	:	
10. CATALO	OG OF FEDER	RAL DOMESTIC A	SSISTANCE NUMBER:	11. DESCRIPTIVE TIT	I E OE APPLICAN	NT'S DDO IECT
		SM - 03-00				
Title: GR	OUP 1: GEN	ERAL VIOLENCE F	PREVENTION	Sanctuary Youth F	Project - Youth	Development Program RECEIVED
]	-	I HECFIVED
12. AREAS AF	FECTED BY PROFESSION Fresno Coun	OJECT (cities, counties	s, states, etc.):			ORANIC MARKANIA MARKA
	r resno court	ty and Oity				JAN 2 3 2003
13. PROPOSE	D PROJECT:	14. CONG	RESSIONAL DISTRICTS OF:	1		
Start Date	Ending Date	a. Applican			b. Project	STATE OF CARDAGO AND A
		18,19,2 I	0,21		18,19,20,21	STATE CLEARING HOU
15. ESTIMATE	D FUNDING:	16. IS APP	LICATION SUBJECT TO REVIE	W BY STATE EXECUT	I IVE ORDER 1237	72 PROCESS?
a. Federal	1				TVE ORDER 120	1211002001
	150,000	a. YE	S. THIS PREAPPLICATION/API	PLICATION WAS MADE	AVAILABLE TO	THE
b. Applicant			STATE EXECUTIVE ORDER 1	2372 PROCESS FOR F	REVIEW ON:	The state of the s
	0			•		
c. State	0		21-Jan-03		-	a vere
d. Local		b. No	O PROGRAM IS NOT COVER	ED BY E.O. 12372		
e. Other	0		OR PROGRAM HAS NOT	REEN SELECTED BY S	STATE FOR REVI	ΕW
	15,000					
f. Program Inco	ome I 0	17. IS THE	APPLICANT DELINQUENT ON	ANY FEDERAL DEBT	?	
g. TOTAL	-		If "Yes" attach an explanation		No X	
10 TO TO TO	\$165,000					
18. TO THE BE	EST OF MY KNOV	WLEDGE AND BELIEF,	ALL DATA IN THIS APPLICATION	ON/PREAPPLICATION A	ARE TRUE AND C	CORRECT, THE
		THE ASSISTANCE IS A	GOVERNING BODY OF THE AF	PLICANT AND THE AP	PLICANT WILL C	COMPLY WITH THE
	of Authorized Re		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	b. Title	T	c. Telephone number
Roger Pal	omino		1	EOC Executive Di		(559) 263-1010
	Authorized Repre	esentative ///				e. Date Signed
	Roa	Walon	uno			
		/ Auth	orized for Local Reprodu	ction		
0011	F(98bdapp)□	Audit	onized for Local Reprodu	CHUII	:	Standard Form 424 (Rev 4-92) Prescribed by OMB Circular A-102
	V	/			;	. 1000 DOG Dy OND ORGANIA A-102

FEDERAL ASSISTANCE		4. UMIE OVEMILIE	/28/03	Approant ruentin	المار		2 [5	ПП	7 17	
1. TYPE OF SUBMISSION			•			LP (0		_∐ V		
Application		Preapplication	3, DATE RECEIVED	BY STATE	State Applicant I	ountiner)				
☐ Construction	on	☐ Construction	4 DATE DEATH			ШП	. 14	N 2	9 nov	
☑ Non-Consti	ruction	☐ Non-Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier		i	4 6-	- 20 (}
S. APPLICANT INFO	DRMATION		U ISMITTED TA							
Legal Name:		IS THIS PROPOSAL BEING S	DEMITTED TO ANOTHE		YES NO IF YE	s Sigt A	CRONYM(\$)	EAC	MAIO	LIO
The Regents	of the Univ	versity of California		Organizational Unit:					4116	
Address (give city	COURTY State	and the angle		Office of Resear						
C/o Office of R	lesearch	anu zip codej:		Name and telephone	and E-mail number	of the pe	erson to be	contact	ed on ma	rers
University of C				involving this applical PI: Ira Leifer	tion (give area code	:)				
Santa Barbara,		2050		(805)893-4927	Email: ira.leifer@)bubble	ology.com	ı		
. EMPLOYER IDENT	TIEICATION WILL			ADMIN: CONTA (805)893-8809 Ems	CT: Jill L. Boltz ail: <u>boltz@omni.ucab.</u> ∈	du				
S CONTROLLER DEN	TIFICATION NUM			7. TYPE OF APPLICAN	T: (anter appropriate	letter in b	ox)	FT	7	
	ا _ ا	6 0 0 6 1	1 4 5	A State	H. Indepen	ideril Scho	ool Dist	<u> </u>	J	
TYPE OF APPLICA	ATION:			B. County	I. State Co	ontrolled la	nstitution of H	igher La:	arning	
	_	_		C. Municipal D. Township	J. Private t K. Indian T	University				
	⊠ New	☐ Centinuation	Revision	E Interstate	L. Individus					
Rovision, enter appro	ophate letter(s) in b	POX(08):		F. Intérmunicipal		ganizəlior	1			
A. Increase Award	8. 0	_	rease Duration	G. Special District	N. Other (S	Specity)				_
D. Docrease Duration	on Othe	er (*pecify):		9. NAME OF FEDERAL	AGENCY:					
				U. S. I	Environmental Protec	tion Agen	icy - ORD - i	NCER		
D. CATALOG OF FEC ASSISTANCE NUI	DERAL DOMESTI MBER:	c 6 6 .	5 0 0		OF APPLICANT'S PR					
The state of the s				THE PROPERTY OF THE PARTY OF TH	- · · · · · · · · · · · · · · · · · · ·					
7177 / AAAA A	.						rlioted I			
TITLE: 2003-ST	D BY PROJECT	'cilies, counties, states, etc.):		Harmful Algal Bl	ooms and the But	oble-me	diated Imp ration (HA	pact:; .881~7	aas)	
L AREAS AFFECTEI Inta Barbara County, (D BY PROJECT (California	'cilies, counties, states, etc.);		Harmful Algal Bl	ooms and the But	oble-me	diated Imp ration (HA	pact:; .BB1 ~ /	aas)	
AREAS AFFECTED units Barbara County, (D BY PROJECT (California ECT:			Harmful Algal Bl	ooms and the But	oble-me	diated Imp ration (HA	oact:; .BBI ~ ;	AAS)	
L AREAS AFFECTEI Inta Barbara County, (D BY PROJECT (California	'cilies, counties, states, etc.);		Harmful Algal Bl Aerosolisation, A	ooms and the But	oble-me	diated Imp	pact:; .BB1 ~ /	aas)	
AREAS AFFECTED units Barbara County, (D BY PROJECT (California ECT:	(cities, counties, states, etc.): 14. CONGRESSIONA		Harmful Algal Bl Aerosolisation, A	ooms and the But	oble-me	diated Imp	pact:; .BBI ~ ,	AAS)	
AREAS AFFECTED INTO BARDARA COUNTY, O	D BY PROJECT (California ECT: Enging Date 8/31/08	14. CONGRESSIONA 9. Applicant 23rd	L DISTRICTS OF:	Harmful Algal Bl Aerosalisation, A	ooms and the But Aggregation, and S Project	oble-me	ration (HA	.881 ~ ,	AAS)	
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AREAS AFFECTED INTO BAPTARA COUNTY, O PROPOSED PROJE STAN DATA A/1/03 ESTIMATED TOTAL Fedural Applicant Stan OCAL OTHER TIME BEST OF MY KNOW PRIZED BY THE BOVERN	ECT: Enuing Date 8/31/06 PROJECT FUND \$ \$ \$ \$ \$ \$ \$ ALEDGE AND BELIEF AND RODY OF THE A	14. CONGRESSIONA 1. Applicant 23rd DING: 695,297,000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000	L DISTRICTS OF: 16. IS APPLICATION 5. YES. THIS P STATE DATE b. NO. PR 17. IS THE APPLICATION PREAPPLICATION ARE TRUE PREAPPLICATION ARE TRUE THE COMPLY WITH THE ATTA	Hamful Algal Bl. Aerosalisation, A b. 23 N SUBJECT TO REVIEW BY REAPPLICATION/APPLICATE EXECUTIVE ORDER 123 1/2 ROGRAM IS NOT COVERED R PROGRAM HAS NOT BEE NT DELINQUENT ON ANY F "Yes." STRICH OR DAY F "Yes." STRICK OR DAY F "Yes." STRICH OR DAY F "Yes." STRICK	Project Bid Project Bid STATE EXECUTIVE (STAT	ORDER 1: ILABLE Y. VIEW ON	2372 PROCE O THE	.881 ~ ,	AAS)	
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APPLICATION FOR

OMB Approval No. 0348-0043

FEDERAL ASSISTANCE		2. DATE SUBMITTED December	Applicant Identifier er 16, 2002		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application Identifier	
Application Construction XX Non-Construction 5. APPLICANT INFORMATION	Preapplication ☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Legal Name:			Organizational Unit:		
	Community Serv	ices Distric		Fire Departmen	
Address (give city, county, State,	and zip code):		1	number of person to be contact	ed on matters involvin
947 Long Iron Chester, Plum	Drive as County, CA	96020	this application (give a Chief Mark		9-5112
6. EMPLOYER IDENTIFICATION	N NUMBER (FIV): [E [A. State	ANT: (anter appropriate letter in H. Independent School Dist.	box)
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of	of Higher Learning
X New	, ☐ Continuation	Revision	C. Municipal	J. Private University	
			D. Township E. Interstate	K. Indian Tribe L. Individual	
If Revision, enter appropriate lett	STATE C	LEARING HOUS		M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(s	specify):				
	•		9. NAME OF FEDERA	AL AGENCY:	
			USDA E	Rural Developmen	ıt
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJE	CT:
		1 0 -7 6 6	USDA Rural	l Development Fi	re & Rescu
TITLE: Rural De	evelopment/Fir	e:& Rescue Lo	lan Loan to	assist in the p	ourchase
12. AREAS AFFECTED BY PRO	DJECT (Clties, Countles, Sta	iles, etc.);	and repl	lacement for an	
West Shore Lake	Almanor Che	cter Plumac		R escu eFire Appar manor CSD	atus lor
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS		1,000 1111		
Start Date Ending Date	a. Applicant	,	b. Project	D2 - L - 2 - 4	
2/1/03 12/1/13 15, ESTIMATED FUNDING:	Dist:	rict 4	1	District 4 SUBJECT TO REVIEW BY ST	ATE EXECUTIVE
10, ESTABLES / STEERES.			ORDER 12372 PF		ATE EXECUTE
a. Federal	\$,	QD			
h Applicant	193,7	22		APPLICATION/APPLICATION V	
b. Applicant	50,0	•	· ·	E TO THE STATE EXECUTIVE FOR REVIEW ON:	ONDER 12372
c. State	\$	00	DATE		
d. Local	\$	<u>,</u> w	🗖 20000		10070
e. Other	\$	- joo	_	AM IS NOT COVERED BY E. O GRAM HAS NOT BEEN SELEC /IEW	
f. Program Income	\$, qq			
g. TOTAL	\$	nn 0	1	NT DELINQUENT ON ANY FEI attach an explanation.	YYWO
18. TO THE BEST OF MY KNOW	243,7	44		•	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	VERNING BODY OF TH			
a. Type Name of Authorized Rep	resentative .	b. Title		c. Telephone Number	
Mark Reno d. Signature of Authorized Repre	Settative	Chief_		(530) 259-51 e. Date Signed	1.2
May	Solidary)			1/3/0)3
Previous Edition Usable				Standard Form 424	(Rev. 7-97)

	DE	u e i v e		
APPLICATION FOR		IAN 2 1 2003	2. DATE SUBMITTED	Applicant Identifier
FEDERAL ASSISTA	INCE LILL	IAN 2 2003	January 9, 2003	
1. TYPE OF SUBMISSION:	Pre-application			State Application Identifier
Construction	Construction STATE	CI FARING HOL	3. DATE RECEIVED BY STATE	
Construction		SEEVINING HOU	DATE RECEIVED BY FEDERAL AGENCY	Foderal Identifier
	Non-Construction			F-50-R
X Non-Construction 5. APPLICANT INFORMATION	Non-Constitution			Amendment #18
Legal Name: ST	ATE OF CALIFO	RNIA	Organizational Unit:	J Como
Address (give city, county, state a	and zip code):		Department of Fish an	
Dept. of Fish & Gar	ne - Fisheries Progra	ams Branch	Name and religione number of the person to be	e couraced on warrers invariant mis
1812 Ninth Street			application (give eres code):	e) 445-3559
Sacramento, CA 9	5814		Carolyn Murata (91	
8. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICANT: (enter appropriate le	H. Independent School Dist.
94	-1697 <u>567</u>		A. State	· · · · · · · · · · · · · · · · · · ·
B. TYPE OF APPLICATION:			B, County	State Controlled Instruction
, ,	Continuation	X Ravision	C. Municipal	of Higher Learning
If Revision, onter appropriate lett	ter(8) in box(es):	,	D. Township	J. Private University
E	- 1		E, Interstate	L, Individual
A. Increase Award	B. Decreese Award		F. Intermunicipal	M. Profit Organization
C. Increase Duration	D. Decreese Duration		G. Special District	N. Other (Specify)
E. Other (specify); Changes In	costs and Project Statement	3		
10, CATALOG OF FEDERAL D			9. NAME OF FEDERAL AGENCY:	Idaylay
15-605			U.S. Department of the	ne interior
TITLE: S	port Fish Restor	ation Act	U.S. Fish and Wildlife	
12. / AREAS AFFECTED BY PI	ROJECT (cities, countles, st	ates, etc.);	11. DESCRIPTIVE TITLE OF APPLICANTS F	PROJECT:
			Marine Sport Fish Manage	ment and Research
S	tatewide		Amendment #18 revises the	previous 5-year plan.
			D. Okakamanta nga	attached
13, PROPOSED PROJECT:			New Project Statements are	allaciled.
Sten Oato	}	14. CONGRESSIONAL DISTRIC	TIS OF:	b. Prolect
07/01/02	06/30/07	a. Applicant	3	Statewide (99)
15. ESTIMATED FUNDING:			ON SUBJECT TO REVIEW BY STATE EXECUTIV	
g. Federal	\$9,089,625	16. IS APPLICATE	REAPPLICATION/APPLICATION WAS MADE A	VAILABLE TO THE
			E EXECUTIVE ORDER 12372 PROCESS FOR F	
b. Applicant		STAI		
	20.000.075	Dsto	Jan. 21, 2003	
c, State	\$3,029,875	,	ROGRAM IS NOT COVERED BY E.O. 12372	
			OR PROGRAM HAS NOT BEEN SELECTED BY	STATE FOR REVIEW
d. Local			OR PROBRAM HAS NOT BEEN SELECTED ET	
			CATION DELINQUENT ON ANY FEDERAL DEB	17
e. Other			If 'Yes", altach an explanation	X No
f. Program Income		143	B 140 January an expression	
g. TOTAL	\$12,119,500		TO THE STATE OF CORRECT	THE DOCUMENT HAS BEEN DULY
18. TO THE BEST OF MY KN	IOWLED GE AND BELIEF, A	LL DATA IN THIS APPLICATION	WPREAPPLICATION ARE TRUE AND CORRECT	NCES IF THE ASSISTANCE IS AWARDED.
		LICANT AND THE APPLICANT	WILL COMPLY WITH THE ATTACHED ASSURA	c. Telephone Number
a. Typed Name of Authorized		_	Deputy Director, Admin	
	Michael F. Harris) 	Deputy Directory running	e. Date Signed ,
d. Signature of Authorized Re	epresentative M	ノ(ノム		1 1/14/02
1 " ()		3		() () ()
Approved for the Secretary of	the Interior		Title:	Date
Approved for the pasterally of	and II then wi			
Signature				Standard Form 424 (REV 4-89)
Previous Editions Not Usable	••		I Dominion di coloni	Proscribed by QMB Circular A-102





U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance STATE CLEARING HOUSE

Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Project ID:	CA-90-Y169
Budget Number:	1 - Budget Pending Approval
Project Information:	Acquisition of 53 Paratransit Vehic

Part 1: Recipient Information

Project Number:	CA-90-Y169
Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Address:	221 N. Figueroa Street SUITE 400, LOS ANGELES, CA 90012 0000
Telephone:	() 580-5414
Facsimile:	() 580-5458

Union Information

Recipient ID:	1644
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 W. 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Dave Hepburn
Telephone:	
Facsimile:	

Recipient ID:	1644
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Avenue. N.W.
Address 2:	
City:	Washington, DC 20001 0000
Contact Name:	James Hoffa

Telephone:	
Facsimile:	

Recipient ID:	1644
Union Name:	TRANSPORTATION-COMMUNICATIONS INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti
Telephone:	
Facsimile:	

Recipient ID:	1644
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie McNelis
Telephone:	
Facsimile:	

Part 2: Project Information

Project Type:	Grant	Gross Project	\$4,030,000
Project Number:	CA-90-Y169	Cost:	Ψ4,030,000
Designat Description	Acquisition of 53 Paratransit	Adjustment Amt:	\$0
Project Description:	Vehic	Total Eligible Cost:	\$4,030,000
Recipient Type:	City	Total FTA Amt:	\$3,568,000
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Chuck Hammerstein 213.580.5414	Total Local Amt:	\$462,000
		Other Federal	\$0
New/Amendment:	None Specified	Amt:	ΨΟ
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	None Specified	Special Condition:	None Specified
Sec. of Statute:	149	S.C. Tgt. Date:	None Specified
State Appl. ID:	FTACML-5006 (348)	S.C. Eff. Date:	None Specified
Start/End Date:	Jan. 15, 2003 - Dec. 30, 2003	Est. Oblig Date:	28-Apr-2003
Recvd. By State:		Pre-Award	Yes
EO 12372 Rev:	YES	Authority?:	100
		Fed. Debt	

Review Date:	Jan. 16, 2003	Authority?:	No
Planning Grant?:	NO	Final Budget?:	Yes
Program Date (STIP/UPWP/FTA Prm Plan):	Jan. 11, 2002		
Program Page:			
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Deling. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	22	William M Thomas
6	24	Elton Gallegly
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	32	Hilda L Solis
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon
6	38	Grace F Napolitano

Project Details

The City of Los Angeles Department of Transportation (LADOT) is requesting the transfer of \$3,568,000 in Congestion Mitigation and Air Quality (CMAQ) funds from the Federal Highway Administration (FHWA) to the Federal Transit Administration (FTA). These funds will be requested as part of our FTA grant number CA-90-Y169 to support the acquisition of paratransit vehicles for LADOT.

The funds are included in the 2001 Federal Transportation Improvement Program (FTIP) (Amendment 1) approved on January 11, 2002. Ammendment date 11/4/02.

Paratransit ultra-low-emissions (ULEV) vehicles are being ordered to replace less clean-burning diesel. Vehicles will be used as dial-a-ride vehicles in regular service for the City of Los Angeles' transportation program for seniors and disabled individuals, called Cityride.







U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

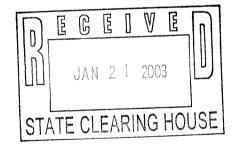
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-70-0001-00
Budget Number:	1 - Budget Approved
Project Information:	Pomona-Montclair Double Track

Part 1: Recipient Information

Project Number: CA-70-0001-00		
Recipient ID:	5802	
Recipient Name:	Southern California Regional Rail Authority	
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101	
Telephone:	(213) 452-0209	
Facsimile:	(213) 452-0421	47-mm-0-1X11-X-10-7

Union Information

responds to the second	
Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	
Facsimile:	(202) 244-7824



1.7.7	
Recipient ID:	5802
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
Address 1:	828 W. Washington Blvd
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Doug McLellan

Telephone:		- Company
Facsimile:	(213) 738-0857	

Recipient ID:	5802
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	319 West Broadway
Address 2:	
City:	Long Beach, CA 90806 0000
Contact Name:	Ray Mathews
Telephone:	
Facsimile:	(562) 435-3886

Recipient ID:	5802
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754 0000
Contact Name:	Sharon Lawin
Telephone:	
Facsimile:	(323) 261-1580

Recipient ID:	5802
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 West 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	
Facsimile:	(213) 251-4577

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-70-0001-00
Project Description:	Pomona-Montclair Double Track
Recipient Type:	Transit Authority
FTA Project Mgr:	Ray Tellis
Recipient Contact:	Joanna Capelle
New/Amendment:	None Specified

Gross Project Cost:	\$375,000
Adjustment Amt:	\$0
Total Eligible Cost:	\$375,000
Total FTA Amt:	\$300,000
Total State Amt:	\$75,000
Total Local Amt:	\$0
Other Federal Amt:	\$0

View Print Page 5 of 11

Amend Reason:	Initial Application
Fed Dom Asst. #:	20507
Sec. of Statute:	5207
State Appl. ID:	None Specified
Start/End Date:	-
Recvd. By State:	Oct. 10, 2002
EO 12372 Rev:	YES
Review Date:	Apr. 29, 2002
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Jun. 07, 2002
Program Page:	SBD991213
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	10-Jan-2003
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name	
60020	LOS ANGELESLONG BEACHSANTA ANA, CA	
60420	RIVERSIDESAN BERNARDINO, CA	

Congressional Districts

State ID	District Code	District Official
6	23	Elton Gallegly
6	24	Brad J Sherman
6	25	Howard P McKeon
6	26	Howard L Berman
6	27	Adam Schiff
6	28	David Dreier
6	29	Henry A Waxman
6	30	Xavier Becerra
6	31	Hilda L Solis
6	33	Lucille Roybal-Allard
6	34	Grace F Napolitano
6	38	Steve Horn



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-40-X012-00
Budget Number:	1 - Budget Approved
Project Information:	Emergency Preparedness Drills

Part 1: Recipient Information

Project Number:	CA-40-X012-00
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101
Telephone:	(213) 452-0209
Facsimile:	(213) 452-0421

Union Information

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	
Facsimile:	(202) 244-7824



Recipient ID:	5802
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
Address 1:	828 W. Washington Blvd
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Doug McLellan

	Telephone:		
ı	Facsimile:	(213) 738-0857	

Recipient ID:	5802
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	319 West Broadway
Address 2:	
City:	Long Beach, CA 90806 0000
Contact Name:	Ray Mathews
Telephone:	
Facsimile:	(562) 435-3886

5802
PROFESSIONAL PEACE OFFICERS' ASSOCIATION
100 Corporate Center Drive
Monterey Park, CA 91754 0000
Sharon Lawin
(323) 261-1580

Recipient ID:	5802
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 West 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	
Facsimile:	(213) 251-4577

Part 2: Project Information

Grant	Gross Project	\$50,000
CA-40-X012-00		\$0
Emergency Preparedness Drills	Adjustment Amt:	\$0
	Total Eligible Cost:	\$50,000
Transit Authority	Total FTA Amt:	\$50,000
Ray Tellis	Total State Amt:	\$0
Joanna Capelle	Total Local Amt:	\$0
None Specified	Other Federal Amt:	\$0
	CA-40-X012-00 Emergency Preparedness Drills Transit Authority Ray Tellis Joanna Capelle	CA-40-X012-00 Emergency Preparedness Drills Transit Authority Ray Tellis Joanna Capelle None Specified Cost: Adjustment Amt: Total Eligible Cost: Total FTA Amt: Total State Amt: Total Local Amt: Other Federal

Amend Reason:	None Specified
Fed Dom Asst. #:	None Specified
Sec. of Statute:	
State Appl. ID:	None Specified
Start/End Date:	Jul. 30, 2002 - Oct. 30, 2003
Recvd. By State:	Jul. 08, 2002
EO 12372 Rev:	Not Applicable
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Apr. 03, 2002
Program Page:	
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	30-Aug-2002
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA

Congressional Districts

State ID	District Code	District Official
6	23	Elton Gallegly
6	24	Brad J Sherman
6	25	Howard P McKeon
6	26	Howard L Berman
6	27	Adam Schiff
6	28	David Dreier
6	29	Henry A Waxman
6	30	Xavier Becerra
6	31	Hilda L Solis
6	33	Lucille Roybal-Allard
6	34	Grace F Napolitano
6	38	Steve Horn
6	39	Edward Royce
6	40	Jerry Lewis



EGEIVE

PART I - FACE SHEET

		1 / 1 / 1 / 1 / 1 /	TOE OILE	!	444	L JAN		11114
APPLICATION FOR FEDERAL ASSISTANCE			CE	1. TYPE OF SUBMISSI	ION:			
				Non-Construction	LCTA	TECL	E A DIAH	C HAH
a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE REC	3. DATE RECEIVED BY STATE:			STATE APPLICATION IDENTIFIER:			
b. APPLICATION ID:	4. DATE REC	EIVED:		GRANT NUMBER:				
03SR029345				OLVIET HOMBEN.				
APPLICATION INFORMATION				<u> </u>				
EGAL NAME: VNA & HOSPICE OF SOUTH	EDNI CA		NAME AND CON	ITACT INFORMATION F	OR PROJI	ECT DIREC	TOR OR OTI	HER
COAL MAINE. VIVA & HOSTICE OF SOUTH	ZRIV CA		area codes):	CONTACTED ON MATTI	ERS INVO	LVING THIS	3 APPLICATI	ON (give
DDRESS (give street address, city, state a	nd zip code):		NAME: Patricia A	A. Henny				
150 W First St		a market and a second		MBER: (909) 482-0355				
Suite 270		A CONTRACTOR OF THE CONTRACTOR	FAX NUMBER: (
Claremont CA 91711 - 0908			INTERNET E-MA	IL ADDRESS: phenny@v	nasocal.or	g		
EMPLOYER IDENTIFICATION NUMBER	EIN):	Control	7. TYPE OF APP	LICANT:				
951733155		200	7a. Non-Profit	10				
TYPE OF APPLICATION:			7b. Community-Ba	ased Organization				
	NUATION							
	NOATION							
REVISION								
Revision, enter appropriate letter(s) in box(es):							
. Increase Award B. Decrease Awar	d C. Increa	se Duration						
D. Decrease Duration			9. NAME OF FEDERAL AGENCY:					
			Corporation for National and Community Service					
			Corporat	.ion for Nationa	ı anu (Jonnina	mity Jei	VICE
a. CATALOG OF FEDERAL DOMESTIC AS	SSISTANCE NUMB	BER: 94.002	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
b. ПТLE: Retired and Senior Volunteer Pr	ogram	Advisor and the state of the st	RSVP WEST VALLEY-SAN BERNARDINO CO					
2. AREAS AFFECTED BY PROJECT (List (Cities, Counties, Sta	ates, etc):						
Cities of Chino, Chino Hills, Colton, Fontana Cucamonga, Rialto, Upland. Un-incorporated								
B. PROPOSED PROJECT: START DATE: 0	4/01/03 END	D DATE: 03/31/06	14. PERFORMANCE PERIOD: START DATE: END DATE:					
ESTIMATED FUNDING:			16. IS APPLICATI	ION SUBJECT TO REVIE	EW BY ST	ATE EXECU	TIVE	
a. FEDERAL	\$ 64,641.0	0	ORDER 12372 PF					
b. APPLICANT	\$ 76,261.0	0	X YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR					
c. STATE	\$ 15,000.0	0		REVIEW ON: DATE: 16-JAN-03				
d. LOCAL	\$ 1,000.0	0						
e. OTHER	\$ 30,261.0	0						
f. PROGRAM INCOME	\$ 30,000.00		· · · · · · · · · · · · · · · · · · ·	ICANT DELINQUENT ON				
g. TOTAL	\$ 140,902.00		∐ YE	S if "Yes," attach an e	explanation	n. X	МО	
. TO THE BEST OF MY KNOWLEDGE ANI JLY AUTHORIZED BY THE GOVERNING AWARDED.								
TYPED NAME OF AUTHORIZED REPRES	SENTATIVE:	b. TITLE:			. TELEPH	IONE NUME	BER:	
Marsha Fox		President VNA & H	ospice of Southern (CA	(909) 62	4-3574		
					d. DATE:			
				and the same of th	1.	-15-	03	



ATIONAL INDIAN JUSTICE CENTER

5250 Aero Drive Santa Rosa, California 95403 A non-profit corporation

7075799019

Phone: (707) 579-5507 Fax: (707) 579-9019 E-mail: nijc@aol.com

Joseph A. Myers, Executive Director

January 21, 2003

Grants Coordination, State Clearinghouse Governor's Office of Planning and Reseach P.O. Box 3044, Room 222 Sacramento, CA 95812 FAX: (916) 323-3018



VIA FACSIMILE

Single State Agency Coordination Re:

To whom it may concern:

Enclosed is a copy of the Standard 424 Form and project abstract submitted by the National Indian Justice Center to the Substance Abuse and Mental Health Services Administration (SAMHSA). If you wish to comment on the proposal, your comments should be sent not later than 60 days after January 22, 2003, to the following address:

Division of Extramural Activities, Policy and Review Substance Abuse and Mental Health Services Administration Parklawn Building, Room 17-89 5600 Fishers Lane Rockville, MD 20857 Attn: SSA - GFA No. SM-03-005

Thank you for your assistance. If you have any questions, please feel free to call.

Sincerely.

Encl.

cc;

SAMHSA

BOARD OF DIRECTORS

Judga William Thorne President Pamo

Judge William Johnson Vice President Umatilla

Chief Judgo Jan Morrie Chostaw

Chief Judge John St. Clair Shoshone

Chief Judge GAN LARANCA Hopi

Justice Rotinod Flaridge Coochise Hopi

Chief Judan Lole Scheppy Warm SpringsWigsco

Professor Lerry Echnhawk Pawnee

Administrator Anita Jackson

Chiat Judan William Rhodes Plma

HC ECON DEV

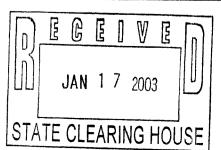
PAGE 01

01/17/2003 11:55

7074457219

FEDERAL ASSISTA	INCE	2. DATE SUBMITTED		Applicant Identifier		
			22/03			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier		
Application Construction	Preapplication Construction					
Non-Construction	Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMATION	Non construction			1		
Legal Name:			Organizational Unit:			
	California		Dept. of HO	CD, Div. of C/A	(CIAP)	
Address (give city, county, State			Name and telephone	number of person to be conta	cted on matters involvi	
1800 3rd Street		_	this application (give a	area code) (916) 32		
Sacramento, CA		acramento Co.	Ben Delaney, Program Manager			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):			ANT: (enter appropriate letter		
68-030	3 5 4 7			Title in the second of the second	(A)	
8. TYPE OF APPLICATION:			A. State	H. Independent School Dist.	<u></u>	
			B. County	I. State Controlled Institution	of Higher Learning	
☐ Nev	v Continuation	Revision	C. Municipal	J. Private University		
If Revision, enter appropriate lett	er(s) in box(es)		D. Township E. Interstate	K. Indian Tribe L. Individual		
	L		F. Intermunicipal	M. Profit Organization		
	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)		
D. Decrease Duration Other(specify):					
			9. NAME OF FEDERA	AL AGENCY:		
		The second secon	Foonemie D	of Commerce		
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	MRED:	TECONOMIC D	evelopment Admi	nistration	
ED support for	Planning		•	LE OF APPLICANT'S PROJ		
Organiza	ations	1 1 - 3 0 5	Economic Development planning to			
Organizations 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			Indian tribes in the State of			
		California				
Indian reservat	ions in Califo	rnia				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:		***************************************		
Start Date Ending Date 1/1/03 12/31/03	a. Applicant		b. Project			
, , , , ,			Multi-District			
15. ESTIMATED FUNDING:			16. IS APPLICATION S	SUBJECT TO REVIEW BY ST	ATE EXECUTIVE	
a. Federal	\$	00	ORDER 12372 PR	DCESS?		
	100,00		a VES THIS PREAL	PPLICATION/APPLICATION V	WAS MADE	
b. Applicant	\$.00		TO THE STATE EXECUTIVE		
: State				OR REVIEW ON:	0.1021172072	
. State	\$, oo	1	/17/00		
i. Local	\$	00	DATE $1/$	17/03		
	45,00	00	b. No. PROGRAM	IS NOT COVERED BY E. O	1:3370	
e. Other \$			□ OR PROGI	RAM HAS NOT BEEN SELEC	TED BY STATE	
-			FOR REVI			
Program Income	\$.00				
. TOTAL	\$	1	17. IS THE APPLICANT	DELINQUENT ON ANY FED	ERAL DEBT?	
	145,00		Yes If "Yes," attach an explanation.			
8. TO THE BEST OF MY KNOW	EDGE AND BELIEF, ALL	DATA IN THIS APPLICA	TIONPREAPPLICATION	ON ARE TRUE AND CORREC	T THE	
A 1900 WELL LING DEEL DOE!	O I HORIZED BY THE GOVE	ERNING BODY OF THE	APPLICANT AND THE	APPLICANT WILL COMPLY	WITH THE	
THORED ASSURANCES IF IF	E ASSISTANCE IS AWARE	DED.				
Type Name of Authorized Representative Julie Bornstein Director			c. Telephone Number			
Signature of Authorized Representative			(916) 445-4775			
	··· =		e	. Date Signed 1/22/03	1	
evious Edition Usable				Standard Form 424 (D = 7.07\	

P



Prescribed by OMB Circular A-102

110

APPLICATION FOR				OMB .	Approval No. 0348-0043
FEDERAL ASSISTAN	NCE	2: DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY I	FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION	Non-construction				
Legal Name:		E I W E	Proanizational Unit:		
Artois Co		District	Water S	Ststem number of person to be contact	and on matters involving
Address (give city, county, State, P.O. Box 130 Artois, CA. 9	11051		this application (give ar		
6. EMPLOYER IDENTIFICATION	NUMBER (EIN)		7. TYPE OF APPLICA	NT: (enter appropriate letter i	n box)
68 0 4 5 5	5 O ASTATE C	FARING HOU	A. State B. County	H. Independent School Dist. I. State Controlled Institution	of Higher Learning
8. TYPE OF APPLICATION:		F) Paristan	C. Municipal	J. Private University	or riighter accounting
- New	Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual	The second secon
	rease Award C. Increase	Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)	
A. Increase Award B. Dec D. Decrease Duration Other/		5 Dolallott	C. opedia District	71. Olivo. (Opton) /	
	-,		9. NAME OF FEDERA	AL AGENCY:	
	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Ruval O	euclopement	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PRO.	JECT:
TITLE: Water 12. AREAS AFFECTED BY PRI	System -Loan DJECT (Cities, Counties, Sta		•	Pressure Tank Fitting, Etc.	,Natural Ga
Artois Comm.	Service Distr	ict			
13. PROPOSED PROJECT	14. CONGRESSIONAL DI				
na i ng		Doug	050		
Start Date Ending Date	a. Applicant	•	b. Project		
5/03 12/03	43		16 IS APPLICATION	SUBJECT TO REVIEW BY	STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PF		
a. Federal	\$ 204,000	UG			LAMAGNADE
Loan Grant		UD	a. YES. THIS PREAPPLICATION/APPLICATION W. AVAILABLE TO THE STATE EXECUTIVE O		
b. Applicant	\$ 27,600	•	PROCESS FOR REVIEW ON:		
c. State	\$.00	DATE _8_	/15/02	
d. Local	S	co		AM IS NOT COVERED BY E.	O. 12372
e. Other	\$	00		GRAM HAS NOT BEEN SEL	
f. Program Income	\$.00	17. IS THE APPLICA	NT DELINQUENT ON ANY I	EDERAL DEBT?
g. TOTAL	\$ 231,600	, to	Yes If "Yes,"	attach an explanation.	₹ No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DUL' ATTACHED ASSURANCES IF	WLEDGE AND BELIEF, AL Y AUTHORIZED BY THE G	OVERNING BODY OF TH	ATION/PREAPPLICA E APPLICANT AND T	TION ARE TRUE AND CORI THE APPLICANT WILL COM	RECT, THE PLY WITH THE
a. Type Name of Authorized Re		b. Title		c. Telephone Number	
		Chairman	n (530) 934-5654		
d. Signature of Authorized Repr	esentative				1-13-03
Previous Edition Usable Authorized for Local Reproducti	on			Standard Form 4 Prescribed by Of	124 (Rev. 7-97) MB Circular A-102

Application for Federal

OMB Approval No. 0348-0043

ASSISTATIVE				Applicant Identifier		
		2. Date Submitted (mm				
		01/03/		94-1658311		
1. Type of Submissi		3. Date Received by St		State Application Identifier		
Application	Pre-application			04-13-941658311		
Construction	Construction	4. Date Received by Fe	ederal Agency (mm/dd/yyyy)	Federal Identifier		
Non-Constru	23	1 /				
5. Applicant Informat	ion		Organizational Unit			
Legal Name	C f F lavard Frainin	_	Organizational Unit	e Non Profit Corporation		
	Center for Employment Trainin	<u>0</u>		f the person to be contacted on matters involving this		
· -	nty, State, and zip code)		application (give area code)	The person to be contacted on matters involving and		
398 S. Third S El Centro, CA			Stephen H. C			
El Cellilo, CA	1 92243		USDA (760)	342-4624		
6. Employer Identificat	tion Number (EIN) (xx-yyyyyyy)		7. Type of Applicant (ente	r appropriate letter in box)		
				N N		
			A. State	J. Private University K. Indian Tribe		
B. Type of Application	:		B. County C. Municipal	L. Individual		
New [Continuation Revision		D. Township	M. Profit Organization		
			E. Interstate	N. Nonprofit		
If Revision, er	nter appropriate letter(s) in box(es):		F. Inter-municipal	O. Public Housing Agency		
			G. Special District	P. Other (Specify)		
A. Increase /		Increase Duration	H. Independent School Dis I. State Controlled Institution			
D. Decrease [Duration Other (specify)		9. Name of Federal Agency	. 0.1119.101.101		
				DA Rural Development		
10. Catalog of Federal	Domestic Assistance Number (xx-yyy		11. Descriptive Title of Applicant's Project Federal guarantee of commercial loan to support a charter school.			
	1 0	- 7 6 8				
Title: B&I	Loan Guarantee		Loan funds will be use	d to puchase real estate.		
12 Areas Affected by	Project (cities, counties, States, etc.)					
City of El Centro						
Imperial County						
13. Proposed Project		ngressional Districts o	f			
Start Date (mm/dd/yyyy				b. Project		
02/01/200			52nd District	52nd District - CA		
15. Estimated Fund			16 Is Application Subjec	t to Review by State Executive		
			Order 12372 Process			
a. Federal	\$	102,300.00		lication/application was made available to the		
				rder 12372 Process for review on:		
b. Applicant	\$.00				
	1481 1 6 9	nna Hill	Date (mm/dd/yyyy	0 1 / 1 4 / 2 0 0 3		
c. State	s JAN 162	003 🗀 .00				
			b. No Program	is not covered by E.O. 12372		
d. Local	\$	00. notion	D. No L. regram			
	I I I I I I I I I I I I I I I I I I I	J HUUDE	or Program	has not been selected by State for review.		
e. Other	\$.00	J	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			17 Is the Applicant Delin	aguent on Any Federal Debt?		
f. Program Income \$.00			17. Is the Applicant Delinquent on Any Federal Debt? Yes If "Yes," attach an explanation No			
			1 163 11 103, 411	activation (A)		
g. Total	\$	102,300.00				
18 To the hest of	t f my knowledge and belief all c	lata in this applicati	on/pre-application are tru	ie and correct, the document has been duly		
authorized by the	governing body of the applicant	and the applicant v	vill comply with the attach	ed assurances if the assistance is awarded.		
a. Typed Name of Auth		b. Title		c. Telephone Number (include Area Code)		
a. Typod Name of Adii	Stephen H. Crabtree	i	nity Development Manager	(760)342-4624		
d. Signature of Authoric	zed Representative		<u>-</u>	e. Date Signed (mm/dd/yyyy) 0 1 / 1 4 / 2 0 0 3		
	Tinks Call			01/14/2003		